

An undersea medical officer's tale from the Silent Service

U.S. Navy Bureau of Medicine and Surgery

Story by [André B. Sobocinski, Historian](#)

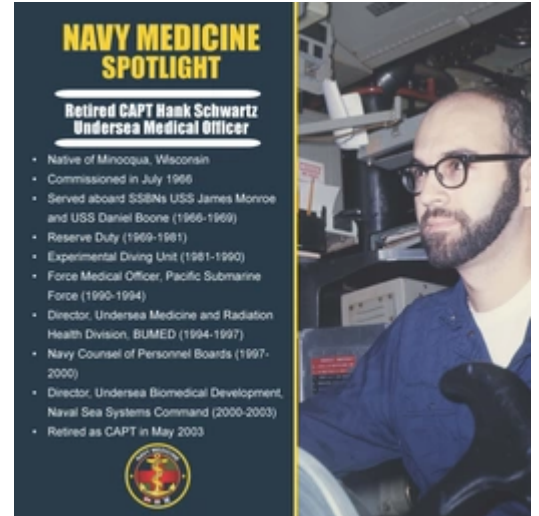
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Beneath the waves, where steel behemoths patrol in near-total isolation, submarine medicine walks a tightrope. The health of the crew is paramount, but unlike a surface ship, even minor emergencies cannot lead to medical evacuation. The submarine medical provider, therefore, shoulders a unique burden: keeping the crew healthy and mission-ready while anticipating and preventing any medical crisis that could force a critical surfacing during a patrol.

Since 1924, when Chief Pharmacist's Mate John Harrison Davis reported aboard the diesel-powered USS V-1, hospital corpsmen have been mainstays aboard submarines, providing the essential medical services needed to keep the submariners healthy and the boat operational. However, there was a period from 1959 to the 1970s when medical officers joined independent duty corpsmen (IDCs) aboard nuclear-powered fleet ballistic missile submarines (SSBNs). Among these pioneering submarine physicians was retired Capt. Henry "Hank" Schwartz.



Dr. Schwartz is a 27-year veteran of Navy Medicine whose career included tours as director of Undersea Medicine at the Bureau of Medicine and Surgery (BUMED), force medical officer for the Pacific Submarine Force, and research medical officer at the Naval Experimental Diving Unit. Schwartz started his naval journey in 1966 aboard the Polaris missile submarines USS James Monroe (SSBN 622) and USS Daniel Boone (SSBN 629).

In the Cold War, SSBNs were the ultimate deterrent against the Soviet Union, carrying intercontinental ballistic missiles ready for launch on presidential orders in the event of a catastrophic conflict. During the rapid expansion of the submarine service in the 1950s, a particular need arose for expertise aboard these submarines that would handle any medical emergencies. As Navy Surgeon General Vice Adm. Robert Brown outlined in a *Journal of the American Medical Association* (JAMA) article in January 1966, "By serving as a ship's medical officer on board a Polaris submarine, the submarine medical officer not only takes care of usual health problems of the submarine personnel, but he also develops an awareness of potential health and safety hazards."

The SSBNs carried two crews—Blue and Gold—each requiring a dedicated physician and an IDC. Fresh out of internship and a newly direct commissioned lieutenant in the Navy Medical Corps, Schwartz found himself assigned to the Monroe and thrust into the world of submarines. Before joining the crew, he attended a 5-day expedited undersea medical training course to equip him with the rudimentary knowledge and skills necessary to navigate the unique medical challenges of sub-life. While IDCs provided the mainstay of medical care aboard, medical officers like Schwartz helped conduct comprehensive physical examinations, monitored crew health for exposure to hazards like tritium (a potential byproduct of nuclear weapons), conducted sanitary checks in galleys, and treated more serious medical cases, should they occur.

"The idea was that Polaris [SSBNs] boats were strategic forces, and it was very important to keep them on patrol," related Schwartz. "They had physicians onboard in case of medical emergencies or if there was a need for a medical decision to avoid surfacing."

Capt. Schwartz recounts treating a broken leg and a case of hepatitis, highlighting situations where a physician's

presence proved crucial.

“In the case of the broken leg, we still had about two or three weeks before the end of the patrol,” recounted Schwartz. “We put the leg back in position, which had been at a 45-degree angle, reduced it, put a plaster cast on it, and remained on patrol.”

Even with physicians aboard, Schwartz relates that IDCs handled most of the daily medical care. Often, the worst medical complaint among crews was heartburn, which was treated with antacids, sometimes referred to as “Polaris candy.”

Schwartz recalls smoking, reading, and playing dice for cigars as popular recreational activities aboard the Monroe. On one patrol, there was even a slot machine aboard.

“This was an actual nickel slot machine, and it was set up next to the galley,” said Schwartz. “At that time, you had to pay five cents for a Coke, which was right next to the galley. And any money went to the REC [recreational] fund. Even the skipper had come down once in a while, and you’d give a dollar to the cooks, and they’d give you a dollar’s worth of nickels, and then you’d put your nickels in the slot machine.”

On long patrols, cut off from the familiar sights and sounds of the surface world, a profound sense of isolation could set in. In these stretches of solitude, Schwartz recalls that the crew relied on the submarine’s radioman as their lifeline to culture and a conduit to the world they were temporarily leaving behind.

“The [boat’s] radio received official messages, but since they only required part of the broadcast time, the rest of the radio time was filled by every type of information from public news sources,” explained Schwartz. “Sports news, fashion news, headlines of all kinds, anything from the United Press International was filtered by the radiomen, and items of interest were clipped out and added to the ship’s newspaper by pasting it onto a sheet of paper. That sheet went to the mimeo machine for publication.”

During the Cold War’s tense peak, the ever-present threat of warfare loomed large as the U.S. and Soviet Union dueled in a cloak-and-dagger duel for global influence. One patrol, particularly etched in Schwartz’s memory, involved a suspicious fishing vessel attempting to tail them near Holy Loch, Scotland, then home to Submarine Squadron (SUBRON) 14, Submarine Forces, U.S. Atlantic Fleet.

“On that patrol, going out of Holy Loch, you had quite a long distance before the water was deep enough to submerge, and there was always a Soviet trawler there playing ‘rules of their road’ games with you,” recounted Schwartz. “They would try to get in front of you. It was a pretty good-sized trawler for a fishing boat. You wouldn’t see any nets, but you’d see a lot of antennas.”

After his initial patrol aboard Monroe, Schwartz completed the formal Undersea Medical Officers course at School of Submarine Medicine (later the Navy Undersea Medical Institute), in Groton, Connecticut, solidifying his qualifications before serving aboard USS Daniel Boone. Following three deterrent patrols aboard Boone, he was assigned to the Submarine Base Dispensary at Pearl Harbor, where he volunteered to treat the injured crew of the USS Enterprise (CVAN 65) after a devastating fire on Jan. 14, 1969. He would never again serve aboard a submarine.

The end of the doctor’s draft and the Vietnam War resulted in a natural drawdown of personnel serving in Navy Medicine. The shrinking pool of medical officers, coupled with a BUMED-sponsored report that found IDCs could handle a majority of medical services aboard submarines, led to the removal of dedicated undersea medical officer positions aboard SSBNs.

Nonetheless, though it was short-lived, the presence of medical officers like Capt. Schwartz only helped ensure the health and well-being of submariners on extended, high-pressure missions far from traditional medical support. The legacy of these submarine physicians serves as a reminder of the role medical professionals play, sometimes in even the most unconventional environments.

Today, as he looks back over his Navy career, Schwartz remains proud to have served as an undersea medical officer and relishes the opportunity to have served aboard submarines.

“The Navy helped gave me purpose as I was starting my career in medicine,” related Schwartz. “Those years on the subs during the Cold War lit a fire under me. Serving alongside those incredible crews, knowing the stakes of every patrol, that’s what made me truly understand the meaning of being operational.”

Source:

Schwartz, Henry “Hank,” Capt. Oral History. (Conducted by A.B. Sobocinski). Sessions conducted on Dec. 16, 2022 and Jan. 13, 2023.